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CITY OF WORCESTER

EDUCATION COMMITTEE



Annual Report

upon the

School Health Service

for the Year

1963

By

G. M. O'DONNELL, B.A., M.B., D.P.H.

Principal School Medical Officer

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THE EDUCATION COMMITTEE

1963

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STAFF AT 31st DECEMBER, 1963

Principal School Medical Officer :

G. M. O'DONNELL, B.A., M.B., D.P.H.

Deputy Principal School Medical Officer :

ELIZABETH G. HENDERSON, M.B., B.Ch., B.A.O., D.P.H.

School Medical Officers :

MOIRA K. E. ALLINGTON, B.A., M.B., B.Ch., D.C.H.

DOUGLAS G. SNELL, M.B., B.S., D.P.H.

Child Psychiatrist :

J. J. GRAHAM, M.B., Ch.B., D.P.M.

(Consultant, Birmingham Regional Hospital Board)

Principal School Dental Officer :

E. R. DOWLAND, L.D.S., R.C.S. (Eng.)

Dental Surgery Assistants :

MISS J. CUMBERLIDGE

MRS. E. R. SCANLON

(Commenced 4th March, 1963)

Remedial Gymnast :

MISS S. MORRIS

(Resigned 24th April, 1963)

MR. W. K. EDWARDS

(Commenced 2nd December, 1963)

Superintendent Health Visitor/School Nurse :

MISS A. A. BUTTIMORE

Health Visitors/School Nurses :

MISS B. A. FLINT (Resigned 31st March, 1963)

MISS F. M. KENDRICK

MISS E. KREBS

MRS. E. SMITH (Resigned 29th November, 1963)

MISS A. DUNLOP

MISS M. HANNON (Commenced 18th July, 1963)

MISS C. MILLARD (Commenced 18th July, 1963)

MISS E. WOOLFENDEN (Commenced 2nd September, 1963)

School Nurse (Temporary Appointment) :

MRS. M. L. HAYTON

Senior Clerk :

MRS. I. FAIRBAIRN

Clerks :

MRS. E. I. P. TURNER

MISS S. BOXALL

ANNUAL REPORT FOR THE YEAR 1963
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER

To the Education Committee of the City of Worcester

MR. MAYOR, LADIES AND GENTLEMEN,

In presenting my report upon the work of the School Health Service for the year 1963, I would first thank the Chairman and Members of the Primary and Secondary Education Sub-Committee and the Director of Education, Mr. T. A. Ireland, for the very generous support and encouragement they have given me during the year. My staff have worked hard and cheerfully in their vocations, and to them also I must express my gratitude, and in particular to the Deputy Principal School Medical Officer, Dr. Elizabeth Gertrude Henderson. I should like to welcome Mr. David Joy to the post of peripatetic teacher of the deaf and say how much this appointment has improved the facilities which we can offer to children with this handicap. Up to now we have always had to send severely deaf children to residential schools and it is pleasing to be able to offer alternative auditory training and remedial education within the City.

I must also mention the retirement of Miss Shelagh Morris who has carried out the duties of remedial gymnast for many years. She was the first to hold this position in Worcester and by her efforts and initiative, a very rewarding auxiliary service has been created. She is succeeded by Mr. W. K. Edwards, who has considerable experience in hospital work.

Detailed comment is contained in the body of the report. We look forward to the new school clinic and school for educationally subnormal children, which represent to us the next major advances in the work of the school health service.

In conclusion I should like to thank the teachers of the City for their patience and co-operation during the year. We are very conscious that only by gaining their confidence and interest can we effectively help the school children of the City.

Yours faithfully,

G. M. O'DONNELL,

Principal School Medical Officer.

NUTRITION

	1959	1960	1961	1962	1963
Pupils Inspected ...	3,505	3,344	3,286	3,363	3,539
Unsatisfactory ...	29	40	31	20	29
Percentage Unsatisfactory	.83	1.2	.94	.6	.82

PHYSICAL CONDITION OF PUPILS

The health of children attending Worcester maintained schools remains very satisfactory and the sturdiness of their physique is obvious to even the casual beholder. Admittedly there are still some children who, because of constitutional defect or more likely because of unfortunate home environment, do not share the vigour and stamina of the majority. Most of these children come from either very poor homes or problem families and tend to spend a considerable proportion of their educational life at Rose Hill Open Air School. There are also those who because of glandular disturbance, personal idiosyncrasy or parental misdirection are encased in too much fat and find themselves under starter's orders with an extra stone or two's handicap dispersed over their body. Dieting is a difficult venture to undertake where children are concerned and the ill effects of too much weight, and in particular the danger of it persisting into later life, should be now well known to all. It is a pity, therefore, to find that there are still parents who feel it their duty to feed their children in a manner more befitting Strasbourg geese shoving large quantities of food into them at frequent intervals. A child's physique becomes attuned to this burdensome weight just as its stomach adjusts to over-eating, and bad posture, knock knees and flat feet result. In vulgar parlance:

"It is best to beware of a surfeit of scoff,

Fat's grand to put on but too hard to take off."

One can hardly blame the school child for indulging himself in sweets, ice cream and soft drinks when these delights are available to him in a profusion that would confound even the most sybaritic appetite. On the other hand parents should be sensible in the amount of pocket money which they give to their

progeny for this purpose, while schools would be doing a genuine service to pupils' teeth and nutrition if their tuck shops were stocked with fruit and nuts instead of a cornucopia of sugary comestibles.

SCHOOL MEALS SERVICE

I am indebted to the Director of Education and Miss M. Arlidge, School Meals Organiser, for the following information :

"A total of 1,226,839 meals were served in the year 1963 to children in maintained schools, an increase of 2·8% more than in 1962. In addition, 75,000 meals were supplied to other departments throughout the year.

"The overall daily average of meals served was 7,190. The percentage of children taking a school meal continues to rise from 53·8% in September, 1962, to 57·8% in September, 1963.

"An additional kitchen was brought into use when the Blessed Edward Oldcorne R.C. Secondary School was opened in April, 1963, making a total of sixteen kitchens. The percentage of transported meals has now been reduced to 30%.

"The School Meals Service consists of a total of 253 staff employed throughout the sixteen kitchens and twenty-two sculleries where a transported meal is served.

"It is interesting to note that in spite of the hard winter experienced during the months of January and February, the usual decrease in the number of children taking meals at this time of year was less than in previous years.

"In spite of frozen water pipes and gas mains the School Meals Service continued to serve meals at all times, and much credit is due to the canteen staffs who worked cheerfully under extremely difficult conditions at various times during these winter months.

"For the twelve months ending 31st December, 1963, 1,999,704 $\frac{1}{3}$ rd pint bottles of pasteurised milk were consumed. The average number of children drinking milk in maintained schools during the year was 87·6%, a slight decrease from 1962 when the percentage was 88·4%."

HANDICAPPED PUPILS

When one assesses the standards of any organisation dealing with large numbers of people its attitude to the welfare of the individual person is always a useful yardstick of the type of service given. Too often in a desire for administrative efficiency the approach to the individual may be either a reluctant or arbitrary one. For this reason it is often necessary to impose a personal discipline that recognises only the unique so that the wellbeing of the group is built up from below on the security of each member considered as a person. This has always been the practice of the School Health Service in which thousands of children are examined on the basis that nothing is more important to the doctors and nurses concerned than the child who is at that moment the focus of their attention. This is particularly true in the consideration of those children who suffer from certain defects which prevent them being educated by ordinary methods in ordinary schools, and who are known officially as handicapped children. It is not generally known, except to those intimately associated with these children, how greatly the resources of the local education authority are applied to solve their problems, so that nurses, teachers, welfare workers and administrative staff contribute to the solution that the family and school doctors produce. It is in this care of the unfortunate and sometimes almost hopeless child that the School Health Service presents its apologia and its refutation of any charge of overdue concern in numbers or routine.

- (a) Blind. One girl attends the Royal Institute for the Blind at Lickey Grange, Birmingham.
- (b) Partially Sighted. Four boys and one girl are at Exhall Grange School, Coventry.
- (c) Deaf. There is one boy at the Royal School for the Deaf at Birmingham and three boys and a girl attend the Junior School at Martley. Yet another girl has been for some years at Summerfield House, Malvern Link.
- (d) Partially Hearing.
 - (i) One boy and one girl are at Needwood School, Burton-on-Trent. One other boy classified as partially hearing has another handicap of greater importance and attends a residential school appropriate to this latter defect.

- (ii) At Rose Hill Open Air School (double handicap) :
Five boys and three girls attend Rose Hill Open Air School. They are all classified as delicate, two being educationally subnormal as well. Of these, three boys and two girls are fitted with hearing aids.
- (iii) At Ordinary Schools :
42 children have been fitted with hearing aids and are managing quite well at ordinary schools as a result of remedial teaching. They all sit in front of the class and are kept under observation at the E.N.T. clinic of the Worcester Royal Infirmary, and by the school doctor, nurses and peripatetic teacher of the deaf. A further 76 children who have some degree of hearing loss are also supervised but do not require hearing aids or remedial teaching.

Sweep Testing :

Individual sweep testing of five years olds using the pure tone audiometer is now in its third year and this work is undertaken by a member of staff specially trained for this purpose. The standard used is lack of response at any one frequency over a 20 decibel range and the child who fails this test is referred to the audiometric centre at the School Clinic for a threshold test. If this confirms a hearing loss then referral to the peripatetic teacher of the deaf and later to the general practitioner and the E.N.T. Clinic for full investigation is indicated.

The result of the investigation is shown in the following table :

Entrants Examined	Retests	For observation	Referred for investigation
1.270	27	43	12

In the table above it will be seen that 12 children were referred for investigation. These children and a further 43 pupils who had been referred independently of the sweep survey, were examined by the peripatetic teacher of the deaf

and the school doctor as a result of which 14 were placed under observation and a final total of 14 referred to the E.N.T. Clinic. Individual results of the latter are as follows :

	Ear Condition	Hearing Loss	Result
G.1	Nil	30 db (L) 25 db (R)	Hospital supervision
G.2	Nil	40 db (L) 35 db (R)	Own Doctor supervising
G.3	Tonsillitis	25 db (L) 25 db (R)	Tonsillectomy
G.4	Tonsils and	55 db (L) 45 db (R)	Hospital supervision
G.5	Temporary Eustachian Blockage	25 db (L) 30 db (R)	Hospital supervision
G.6	Nil	35 db (L) 45 db (R)	Own Doctor supervising
B.1	Tonsillitis	45 db (L) 40 db (R)	Hospital supervision
B.2	Nil	Low intelligence Unable to do test	
B.3	Nil	40 db (L) 45 db (R)	Hospital supervision Hearing aid
B.4	Scarred Membranes	20 db (L) 45 db (R)	Hospital supervision
B.5	Persistent Otorrhoea	35 db (L) 30 db (R)	Hospital supervision
B.6	Tonsils and Adenoids	Unable to do test	Hospital supervision
B.7	Tonsils and Adenoids	50 db (L) 30 db (R)	Own Doctor supervising
B.8	Tonsils and Otorrhoea	50 db (L) 40 db (R)	Hospital supervision

It will be seen from the above figures that out of a total of 1,313 children examined 14 eventually were referred to hospital. Many of the abnormal results were due to children having colds which were very prevalent during the severe winter period. Several of these children at retest were found to be normal. Other children had wax in the ears and when this was syringed out full hearing was restored. A further cause of failure of the sweep test was the fact that this is often carried out in schools where there is considerable background noise from traffic.

Hearing Aids :

42 children wearing hearing aids attend ordinary schools. Most of them manage very well, although there are some who for reasons of shyness or indifference will avoid wearing them if they can possibly manage to do so. However the school teachers keep a very strict eye on them from this viewpoint and the peripatetic teacher of the deaf sees them whenever he visits the school.

Lip Reading :

Lip reading classes were discontinued during the year as there were no children who required this aid.

Report of Peripatetic Teacher of the Deaf :

Mr. David Joy took up his appointment as peripatetic teacher of the deaf during the year and his advice, skill and enthusiasm has been a great tonic to us all. Up to now our service has been largely a diagnostic one and all children with a severe hearing loss have been sent to residential schools. Now we are in the fortunate position of being able to apply intensive auditory training the moment a diagnosis is made, and since Worcester has a relatively small population of deaf children, Mr. Joy can devote a reasonable amount of time each day to their needs. His equipment consists of an individual auditory trainer, a portable audiometer, a fixed audiometer, a tape recorder and a gramophone. It may be of interest to consider his reports on those children with a severe loss who are his daily concern.

Case 1.

Age : 7 years, 2 months

Reading Age : 6 years

Hearing loss : 52 db (L) 57 db (R)

"His ability to use his residual hearing has improved considerably during the last term. His speech is improving and he is beginning to show more interest in speaking well and makes a far greater effort. His school work is satisfactory. Although his reading age is behind his chronological age I feel that an important break-through has been made in this subject.

"Reading age : March, 1963—4 years, 6 months

July, 1963—5 years, 2 months

December, 1963—6 years

"Since receiving extra help a year ago he has advanced two years in reading age."

Case 2.

Age : 12 years, 5 months

Reading Age : 7 years, 6 months

Hearing loss : 47 db (L) 72 db (R)

“His social progress is good. He mixes well at school and exhibits no abnormal pattern of behaviour. His communication is normal though his vocabulary is still severely limited. The major part of my time with him is spent in remedial reading work.

“Reading age : January, 1963—5 years, 6 months

March, 1963—6 years, 4 months

July, 1963—6 years, 6 months

December, 1963—7 years, 6 months

“After a poor summer term, last term showed a very heartening advance. I am confident that he will reach an adequate standard of reading before leaving school.”

Case 3.

Age : 16 years

Hearing loss : 52 db (L) 47 db (R)

“Some progress has been made in voice control, but I consider that nasality is caused by emotional factors which may be resistant to speech correction techniques. With the co-operation of the headmistress more time is given to the improvement of reading and other language skills. She is however far behind and it is doubtful if she will reach G.C.E. standard by the summer.”

Reading age : March, 1963—11 years, 9 months

July, 1963—12 years, 2 months

December, 1963—12 years, 6 months

Case 4.

Age : 9 years, 6 months

Hearing loss : 35 db (L) 41 db (R)

“Good progress has been made in correction of speech and she is trying much harder now. Unfortunately the acoustics in her present class-room are not very good and

this, coupled with the borderline nature of her hearing loss at low frequencies, precludes me from insisting on her wearing a hearing aid in school.

“Reading age : March, 1963—7 years

July, 1963—7 years, 8 months

December, 1963—8 years, 3 months

“Reading continues to improve satisfactorily.”

Case 5.

Age : 4 years

“This pre-school child was admitted to a nursery class early in the year and parent guidance was started sometime before this. After a period of diagnostic therapy I feel sure that he has a pure conductive hearing loss of a moderate nature. His admission to a nursery class has helped his social development and his speech is improving rapidly. No teaching is necessary at this stage.”

Case 6.

Age : 2 years, 5 months

“This boy has a total lack of communication skills and Ruth Griffiths testing suggested that the cause of this might be his hearing. The E.N.T. consultant agreed to issue him with a hearing aid on a diagnostic basis but after lengthy observation it seems likely that deafness is not the cause of his language difficulties. Another sibling in this family has a significant hearing loss.

Apart from these children the peripatetic teacher of the deaf keeps under observation a further 20 children wearing hearing aids who do not require auditory training or special teaching from him. On these children he reports :

“It is clear that not every retardation is a direct result of these relatively minor hearing losses. In some cases low intelligence is the main cause with defective hearing only a contributory factor. There are two girls in one secondary modern school who seem to warrant closer investigation of the relationship between hearing difficulties and backwardness in school work.

"The anti-hearing aid feeling among the children is on the whole high, although there are one or two notable exceptions. This is due in my opinion not to fear of teasing so much as to the need for adequate help and training for both child and parents if hearing aids are to be used to advantage by school children."

I should like to thank Mr. I. W. MacGregor and Mr. T. S. Stewart, Consultant Ear, Nose and Throat Surgeons at the Worcester Royal Infirmary, for their ready and generous co-operation during the year.

(e) Educationally Subnormal :

24 children of whom 7 were girls were classified as educationally subnormal in 1963. Two were found unsuited for education, two recommended for admission to educationally subnormal schools and five for remedial teaching. In three instances admission to Rose Hill Open Air School was advocated as a temporary measure so that smaller classes and tranquil environment might disperse the incipient anxieties arising from the strain of daily competition against more agile and resourceful minds. The remainder of these newly classified children were able to continue at their ordinary school although most will require some degree of individual teaching.

Educationally subnormal children are educated according to their potentialities, those with an Intelligent Quotient (I.Q.) of less than 70 and with two years retardation in school work almost invariably require special schooling. It would be true to say that during the year we have had very real difficulties in finding suitable vacancies for educationally subnormal children whose home circumstances are such as to make it essential they be educated in the appropriate residential school. Furthermore the number of educationally subnormal children who are ascertained each year imposes a real strain on the available facilities and for this reason we look forward with true anticipation to the building of the new special day school. From the viewpoint of the School Health Service this project will solve our greatest need as it will make certain that everything possible is being done to help these less endowed children.

At the moment the following measures of education are provided by the City :

(i) At Residential Schools.

13 boys and 5 girls attend schools for the educationally subnormal.

(ii) At Rose Hill Open Air School (double handicap).

Total E.S.N.	Delicate	Mal- adjusted	Physically Handicapped	Epileptic	Partially Sighted	Speech Defects
15	5	1	6	1	1	1

(iii) At the Special Class at St. Paul's School.

(This serves as an interim measure and will probably be discontinued once the special school is completed).

34 pupils, 23 boys and 11 girls, attend this class.

(iv) At Ordinary Schools.

26 boys and 33 girls classified as educationally subnormal attend ordinary schools in the City. With very few exceptions these children have I.Q.s of over 70 and can cope in ordinary schools if assisted by remedial teaching. Their progress is carefully observed and reassessment is carried out at two year intervals or earlier if requested by their head teachers.

Dr. Douglas Snell, School Medical Officer, who joined the department in August, 1962, attended this year's course for the Ascertainment of Educationally Subnormal Children. This means that all our School Medical Officers are qualified in this respect.

(f) Epileptic Pupils :

At Rose Hill Open Air School	5 boys	2 girls
At Residential Schools	... 1 boy	1 girl
At Ordinary Schools	... 11 boys	15 girls
Classified as E.S.N.	... 5 boys	3 girls
Classified as Maladjusted	... 1 boy	— girls

For the past three years we have maintained an epileptic register which includes the names of those who have epileptic equivalents or behaviour disorders associated with an abnormal electroencephalogram. It will be seen from the above figures that the majority of these children cope very well at ordinary schools although it may be difficult for them to work at a standard commensurate with their mental age if they are receiving daily treatment with anti-convulsant drugs.

Children liable to grand mal attacks are sent to Lingfield Hospital School but we have one child attending an ordinary school who has attacks of classic severity at very infrequent intervals.

(g) Maladjusted Pupils :

These unhappy children very often behave abnormally in an ordinary school, their emotional turmoil interfering with their educational progress and even, in the more extreme cases, provoking them to actions which bring them within the orbit of the law. The causes of maladjustment are numerous. They may lie in the child or in his parents and frequently in both. Thus the child may be maladjusted in association with low intelligence or of an abnormal personality, both factors which make it difficult for him to conform to the pattern of behaviour expected for someone of his age. More commonly his feelings of instability and unhappiness arise from disharmony or rejection in the home which impose great stress on the immature personality.

The task of coping with maladjusted children is indeed a difficult one, particularly if they remain in an ordinary school. Some of them distract the class by their inconsequential behaviour, others show aggressive tendencies against their fellow pupils and occasionally the teacher. One enterprising young gentleman with no sense of *lese-majesté* demonstrated his inner conflict rather too effectively by biting the teacher in the leg. Fortunately both survived.

It never fails to amaze me how tolerantly and sympathetically teachers deal with these children. Although they have many other problems on their hands they still find time to help them and indeed the combination of teacher and School Medical Officer is sufficient to cope with the majority of the minor

emotional disturbances. The more severe ones, in particular those where parental indifference or dislike are causative factors, are referred to the Child Guidance Clinic, whose tasks at some times seem almost insuperable.

For this reason I would like to pay very real tribute to Dr. J. J. Graham, Consultant Psychiatrist, and his staff at the Worcestershire Child Guidance Clinic, to whom we refer the more disturbed children in the sure knowledge that they would receive every sympathy and encouragement. 52 children were treated during the year.

6 boys and 3 girls attend residential schools specialising in this condition.

(h) Physically Handicapped :

While the more severe cases of physical handicap are educated at residential schools, a considerable number of permanently crippled children attend Rose Hill Open Air School. This school was originally intended for delicate pupils only, but it now also serves quite satisfactorily as an educational venue for physically handicapped pupils whose condition has entered a chronic stage where active specialised medical treatment is not a daily necessity. As Rose Hill is a one storey school, these children can move about easily and the pleasing spacious grounds are a stimulus to both body and spirit. The staff have a long tradition in the care of physical defects and successfully maintain the atmosphere of an ordinary school blended with an essential encouragement and understanding.

Children at Residential Schools

Sex	Age	Condition
M	15	Hydrocephalic.
M	10	Spina Bifida.
M	10	Arthogryphosis.
M	8	Cerebral Palsy.
F	6	Epiphyscodesis—scoliosis.
F	10	Spina Bifida.
F	15	Cerebral Palsy.

Children at Rose Hill Open Air School

Condition	Male	Female
Recurrent Pyelitis.	—	1
Muscular dystrophy.	1	—
Muscular inco-ordination.	1	1
Cardiac Disease.	3	1
Genu Valgum.	1	—
Congenital dislocation of hip.	—	1
Kidney disease.	1	—
Post Poliomyelitis.	—	1
Multiple Congenital Deformities.	—	1
Bilateral Hydronephrosis.	1	—
Cerebral Palsy.	1	—

Children at Ordinary Schools

Sex	Age	Condition
M	14	Congenital heart.
M	11	Brain tumour.
M	7	Post Osteomyelitis.
M	12	Post Poliomyelitis.
M	15	Spina Bifida.
M	13	Cerebral Palsy.
M	10	Post Perthe's Disease.
M	13	Artificial right arm.
M	9	Congenital absence of leg.
F	10	Congenital heart disease.
F	8	Post Poliomyelitis.
F	12	Congenital dislocation of hips.
F	13	Congenital dislocation of hips.
F	14	Congenital dislocation of hips.
F	13	Cerebral Palsy.
F	8	Rheumatic condition.
F	9	Congenital dislocation of hips.
F	13	Tubercular Spine.
F	15	Cerebral Palsy.
F	9	Fragilitas Ossium.
F	12	Cerebral Palsy.

It is a pleasing thought that many of the conditions detailed above are unlikely to recur in future. The benefit of immunisation against poliomyelitis, increasing skills in the medical and surgical care of heart and bone disease, and the steady evanescence of tuberculosis should diminish this section of the handicapped register.

(i) Delicate :

I thank Miss P. Smith, Headmistress of Rose Hill Open Air School, for the following information :

“The average number of children on roll in 1963 was 76 and the average attendance was 67. There were 35 new admissions and 22 children were discharged. Of the latter, three were of school leaving age. Two of these, a maladjusted boy and an asthmatic girl, are not at present working. The third, a girl confined to a wheelchair after poliomyelitis, learned to type at school and then completed a training course at Loves College, Exeter. She is now operating a switchboard in a local office. One girl left to enter the Needwood School for the Deaf.

“The school has the services of two Medical Officers and a Nurse who visits frequently. Each child's progress is kept constantly under review, so that transfer back to a normal school may be effected as soon as it is considered wise. We find that those considered to be delicate (subject to coughs and colds and perhaps underweight and small for their age) nearly all improve rapidly at the Open Air School and usually can be returned quite quickly to their former schools. It is interesting to note that the cases of “School phobia” referred here by Dr. Graham, have all responded well in this small community.

“We still have a number of children with serious speech defects and we are glad to hear a Speech Therapist is to be appointed. It is also good news to hear that a Remedial Gymnast has been appointed, as we have many children who need special exercises, especially the asthmatics and spastics.

“The regimen for the school remains similar to that as reported last year. Three meals a day are still given. Many of the children come from poor or badly managed homes and appear to be more than

ready for their meals. Some children leave home in the morning without even a cup of tea, and breakfast at school is very welcome.

“A recent article in the Birmingham Post stressed the immense tolerance and kindness shown by handicapped children towards one another. This is very noticeable at Rose Hill. Those with lesser handicaps are always eager to help their more unfortunate friends, and we have found that the unthinking cruelty towards the unusual which is so often found amongst children, never occurs. There is a strong feeling of responsibility, affection and acceptance, and this is one of the joys of teaching handicapped children.

“The following lists give some idea of the many different groups to be found at Rose Hill Open Air School. It can be seen that the largest group of admissions and discharges is, in both cases, made up of delicate children.

Analysis of Disabilities of Children entering Rose Hill Open Air School, 1963.

				Boys	Girls
Delicate	...	...	...	8	7
Partially Deaf		...	...	—	1
School Phobia		...	...	2	—
Delicate and E.S.N.	...	...		2	—
Physically Handicapped and E.S.N.				—	1
Epileptic	...	...	...	2	—
Asthma	...	...	...	1	—
Speech Defect and Maladjusted				1	1
Urethral Stricture		...	...	1	—
Spastic	...	...	...	1	—
Maladjusted		...	...	3	1
Educationally Subnormal			...	—	1
Truancy	...	...	...	2	—

Analysis of Disabilities of Children leaving Rose Hill
Open Air School, 1963.

				Boys	Girls
Delicate	...	...	...	6	6
Asthma	...	...	...	2	1
Maladjusted		...	...	2	—
Poliomyelitis		...	...	—	1
Partially Hearing		...	...	—	1
No Speech	...	...	...	—	1
Congenital Dislocation of Hips				—	1
Sclerosis	...	...	...	1	—

(j) Speech Defects :

This has been a sombre year inasmuch as we have been unable to obtain the services of a speech therapist and children with this defect have had to go without the necessary treatment. There is an overall shortage of speech therapists throughout the country and those who qualify tend to take up appointments in the South of England or with larger authorities where they do not work in professional isolation. Every inducement to attract a suitable candidate has been offered but without effect, so from this viewpoint 1963 has been a grievous disappointment. However I am pleased to say that in the present year, 1964, we were able to make an appointment to this post.

INFECTIOUS DISEASE

CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1963—CLASSIFIED IN AGE GROUPS.

	Number of Cases Notified			
	5 years to 9 years		10 years to 14 years	
	M	F	M	F
Scarlet Fever ...	—	1	—	2
Whooping Cough ...	3	3	—	—
Acute Poliomyelitis (Paralytic) ...	—	—	—	—
Acute Poliomyelitis (Non-Paralytic) ...	—	—	—	—
Measles ...	86	104	4	3
Diphtheria ...	—	—	—	—
Dysentery ...	4	4	1	1
Meningococcal Infections ...	—	—	—	—
Acute Pneumonia (Primary or Influenzal) ...	1	—	—	1
Smallpox ...	—	—	—	—
Acute Encephalitis (infective) ...	—	—	—	—
Acute Encephalitis (post infectious) ...	—	—	—	—
Enteric or Typhoid Fevers ...	—	—	—	—
Paratyphoid Fever ...	—	—	—	—
Erysipelas ...	—	—	—	—
Food Poisoning ...	—	—	—	—
Tuberculosis (Respiratory) ...	—	—	—	—
Tuberculosis (Non-Respiratory) ...	1	—	—	—
Totals ...	95	112	5	7

Of the 190 cases of Measles notified in the 5 years to 9 years age group, 98 were entering school as 5 year olds.

INFECTIOUS DISEASE

As can be seen from the relevant table infectious disease amongst schoolchildren was very quiescent in Worcester this year. With the exception of measles which evoked its usual toll, there is nothing to report in this field.

ROUTINE SERVICES

MEDICAL INSPECTIONS:

Our main duty is still the carrying out of periodic medical inspections and at each session some 20 children are examined by the school doctors, the findings being noted on the individual record card, Form 10M. Although the facilities available to our doctors and nurses are not always of a high order, particularly in the older schools, the kindness and co-operation of the teachers atone for this. This co-operation ensures an easy liaison of information, and since most of our doctors have worked in the Worcester School Health Service for many years, their knowledge of background and abilities prior to the clinical examination is generally very detailed.

EYE CLINIC:

693 children were seen at the Eye Clinic in 1963 and spectacles were provided for 310. Of these cases 118 were referred by the School Medical Officer and 31 by the school nurse. The number of new cases was 159.

SCHOOL HYGIENE:

As the School Health Service naturally places so much emphasis on the personal aspect of the work regarding each child in the light of its own personality and capabilities, one is apt to forget the material considerations which are essential to the well-being of the school community. The hygiene of the schools in the city is, of course, a most important feature in school health and this is supervised by both school medical officers and the public health inspectors. The construction of new schools and the high repute of the School Meals Service does much to lighten our responsibility. The renovation of older schools and, in particular, the construction of new sanitary annexes where required, are also of primary importance.

I am happy to say that the teachers in the city are always very alert to potential deterioration in school hygiene, informing this department with expedition.

SCHOOL DENTAL SERVICE :

Mr. E. R. Dowland, L.D.S., R.C.S., Principal School Dental Officer, reports :

"2,554 children were inspected at periodic visits to schools, and 625 children at the clinic. 2,167 cases were found to require treatment. The 625 children inspected at the clinic included all absentees at the school inspection who had agreed to clinic treatment, special cases in need of more frequent supervision, the keen patients who considered it time they had an inspection, sometimes prompted by slight pain or discovery of an odd lesion, and lastly the patients referred from medical inspections, generally chronic refusals of treatment who have never been goaded by pain. The Special or Casual figure was 92 less than the previous year, a decrease of 12.9%. It is gratifying to note those who arrive with toothache have only one serious lesion and ask for all necessary treatment to be carried out. There are very few mouths completely devastated, and it is very evident at school inspections that the majority of refusals are having treatment under the General Dental Service.

"The number of conservations was practically the same as the previous year but there was an increase in the number of deciduous teeth filled. This shows that many parents are becoming more dentally conscious and much more co-operative than a few years ago.

"The number of teeth extracted was down.

"20 children were supplied with dentures, small appliances to replace teeth lost through accidents.

"Orthodontic work continued as in previous years. Cases which could be treated by extraction or simple appliances were undertaken at the clinic and the more complex cases requiring specialist opinion and treatment were referred to Mrs. M. E. H. Davis at the Worcester Royal Infirmary.

"The staffing position deteriorated during the year. 177 sessions were worked by part-time dentists in the first half year compared with 80 sessions in the second half year.

"Warndon Clinic was opened in September but will not come into general use until 1964 when the pupils attending the schools adjacent become due for inspection."

MEDICAL EXAMINATIONS OF TEACHING STAFF :

7 entrants to the teaching profession and 38 candidates for training college were examined during the year.

EMPLOYMENT OF SCHOOL CHILDREN :

Our duty to ensure that no unfit child takes up employment is underlined by the 220 examinations performed for this purpose in 1963.

PREVENTION AND TREATMENT

1. Head Inspections :

Reference to Statistics—Part I, Table C

This table shows that 19,309 individual examinations of pupils in school were made by the school nurses in 1963, and 497 children were found to be infested. Once again there is a considerable increase in the number of investigations which indicates how necessary it is for parents to watch carefully over the hygiene of their child and in particular to examine the hair at intervals.

With regard to individual schools, the number of infested heads has reduced considerably in those schools that had the greatest incidence in 1962. It is too early yet to say what effect the introduction of Lorexane is having, but it is true to say that it is a much more readily acceptable remedy to the families as a whole than Suleo.

2. B.C.G. Vaccination :

There was a considerable increase in the number of children tested for susceptibility to tuberculosis, and also the number vaccinated.

	Maintained Schools	Non- Maintained Schools	Total
Number Head tested	1,176	369	1,545
Number found positive	129	53	182
Number found negative	1,020	298	1,318
Number vaccinated	990	289	1,279

3. Heaf Testing :

The Heaf test was used when indicated as a useful adjunct in the examination of individual children whose case history indicated a possibility of tuberculosis.

4. Ultra-Violet Light Therapy :

Mrs. M. Hayton, School Nurse for Rose Hill Open Air School, reports that the children continue to enjoy their "sun light sessions" and all of them seem to benefit very much. Children who received treatment :

5—7 year group	...	16
7—15 year group	...	53

One point of interest is that on Dr. Allington's recommendation an 8 year old girl suffering from psoriasis attended the ultra-violet light sessions as a result of which there was considerable improvement in her skin condition. Admittedly this may be only temporary, but according to the parents it was the biggest advance which she has yet made.

5. Remedial Exercises :

During the year Miss Shelagh Morris, remedial gymnast, retired, and for some months we were without a remedial gymnast. Miss Morris had initiated this service and by her enthusiasm and devotion to work did a great deal for the welfare of children with minor defects. One very pleasant aspect of her years of service was the very good relation which she built up with head teachers in the city, as a result of which she was very welcome in all the schools. Miss Morris is now living in Sussex and we wish her every happiness in her retirement.

Towards the end of the year Mr. W. K. Edwards was appointed to fill the vacancy. He had previously been employed in a hospital in South Wales where considerable attention was given to orthopaedic defects resulting from employment in coal mines. He has considerable experience in his speciality and we feel sure he will follow worthily in Miss Morris's footsteps.

6. Nocturnal Enuresis :

Dr. E. G. Henderson, Deputy Principal School Medical Officer reports :

“At present there are available at the school clinic seven Buzzers which are constantly in use for children who are bedwetters.

“During the year seventeen children (thirteen boys and four girls) had the use of one of these for at least six weeks and some of them had it for much longer. Of these children :

13 were successful and stopped bedwetting (9 boys and 4 girls)

4 were not successful (boys)

“Of the four not successful two were very heavy sleepers and the cause for the failure of the other two has not been ascertained.

“The Buzzer is a small instrument of simple design which acts by making a continuous buzzer noise immediately a few drops of urine has been passed in the bed and the child has to rise from bed to switch off the Buzzer, by which time he is usually sufficiently awake to enable him to keep his bed dry and pass his urine in the normal way. It does not fulfil its purpose if a parent gets up on each occasion that the Buzzer makes itself heard, as this still leaves the responsibility with the parent instead of with the child.

“Some children have far too much done for them by well-meaning but ill-advised parents, so that the children do not require to make any effort to do things for themselves, or do not have the opportunity. This has a very cramping effect on the child when he goes to school as he appears to be waiting for the parents to do the learning for him while he sits back and looks on.

“Some children are too lazy to get up when they require to pass urine. They know it will not matter to them as they will always have a dry bed and dry night clothes to get into next evening.

“There are some children who are very upset about wetting the bed, whilst there are others who seem to take pleasure and feel very important on hearing mother

tell about how much extra washing she has to do because of this bedwetting and how much extra attention they require.

“The Buzzer is not usually effective if there is disharmony between the parents in the home, or if the child concerned is a member of a disrupted family. It is felt that lack of security is a potent factor in these cases of nocturnal enuresis.”

7. Convalescent Holidays :

By courtesy of the Education Committee 7 school children were sent on convalescent holiday during the year.

8. Chiropody :

194 school children were treated at the Chiropody Clinic during the year. The clinic is situated on the ground floor of Church House and Miss J. E. Price and Mrs. M. R. Gilbert do this work for us on a sessional basis. This is a valuable preventive service, very much needed in these days of ritual deformation of the feet.

9. Minor Ailment Clinic :

A weekly clinic is held on Tuesday mornings at which a doctor is present. Relatively few children attend nowadays for minor ailments and the clinic is used as a source of referral of children requiring more detailed examination.

10. Accidents involving School Children :

I am grateful to the Chief Constable for the following report :

“Accident Figures :

“Although the accident figures for the city generally show an increase of 50 over the figure for 1962, it will be noted that there is a small decrease in the number of accidents involving school children, and there were no fatal accidents during this period.

“Accidents involving injury to children under 15 years of age.

	Fatal	Serious	Slight	Total
1963	—	14	61	75
1962	2	17	60	79
1961	—	9	68	77

“School Cycle Training Scheme :

“This scheme continues to form a substantial part of the normal Road Safety activities so far as children are concerned.

“During 1963, the scheme operated at Stanley Road School was discontinued with the reorganisation of the school and the departure of the member of the school staff responsible for the co-ordination of the training programme to another appointment.

“It has been possible, however, to transfer the instructional staff from Stanley Road School to the Blessed Edward Oldcorne School.

“Arrangements have also been made for the scheme to be operated at the Bishop Perowne School and approval has recently been obtained for the introduction of an experimental scheme at Ronkswood School.

“Below is a full list of City Schools who now take part in the training programme.

1. St. John's Boys.
2. Christopher Whitehead Boys.
3. Christopher Whitehead Girls.
4. Samuel Southall Boys.
5. Samuel Southall Girls.
6. St. Stephen's.
7. Warndon Primary.
8. Elbury Mount.
9. Nunnery Wood Primary.
10. Nunnery Wood Secondary Modern.
11. Worcester King's School.
12. Henwick Grove.
13. Bishop Perowne.
14. Blessed Edward Oldcorne R.C.
15. Claines St. George.
16. Ronkswood.

“Due to the extreme bad weather during the months of January and February, 1963, the training and testing fell behind to a certain extent, but a total of 241 children have received training and proficiency certificates. This number should have included pupils from a further two schools but it was not possible to test during 1963. The actual figure for 1963 should have been nearer the 300 mark, had these two schools been included.

“In the latter part of 1963, following a discussion between Mr. Platts, who still co-ordinates the training programme, Miss Jenkins, Headmistress of Christopher Whitehead Girls’ School and the Road Safety Officer, it was decided that some form of Refresher Course was desirable for older children, who were trained in cycling proficiency during the early part of their school life. As a result, an Advanced Cycling Test was devised and 17 pupils from Christopher Whitehead Girls’ School took part. Although the test was a stringent one, it is interesting to note that only 11 girls passed, a clear indication that some form of revision is desirable.

“All presentations of Proficiency Certificates are conducted in the Magistrates’ Court Room and are usually accompanied by a short film show. The awards are invariably made by the Chairman of the Road Safety Committee.

“The Midland Red and Post Office staff continue to give up their time in order to train the children in safe cycling and are ably supported by members of the school staff who not only co-ordinate the training programme, but in many cases carry out the training themselves.

“Boy Scout Cycling and Dispatch Riders’ Badges.

“The District Commissioner for Worcester has recently appointed the Road Safety Officer, in a personal capacity, as District Examiner for Scout Cycling and Dispatch Rider Badges, and as the basis of both Badges is safe cycling, it is hoped that valuable training will be effected.

“Tufty Club :

“Membership of the Tufty Club has now been extended to the 6 year old age group, and a second story book has been produced. There is no doubt that this form of instruction in pictorial form is a very useful way of training very young children in road safety.

“Talks to School Children :

“The Road Safety Officer continues to take advantage of the facilities offered by teaching staffs to give talks to children in the younger age groups. In addition, 1963 saw the start of a new scheme to give school leavers an insight into the Traffic Laws and road safety generally. This form of talk is proving very popular and is already being repeated in 1964.

“Road Safety Quiz :

“The Sameul Southall Girls’ School Quiz team of four girls again won the Richards Cup in 1963 by beating a team representing the Girls’ Grammar School.

“It is interesting to note that this successful team won the cup for the third year running in March, 1964, and two girls from the team, together with two girls from the Girls’ Grammar School, were selected to represent the City of Worcester in the County Inter-Town Quiz being sponsored by the Royal Society for the Prevention of Accidents. The team have so far beaten teams representing Kidderminster and Bromsgrove U.D.C. and have now reached the semi-final round against Dudley, which will be played on neutral ground at Kidderminster on Friday, 17th April, 1964.”

SCHOOL MEDICAL INSPECTION AND TREATMENT STATISTICS

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1964 11,599

PART I
MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils
		No.	% of Col. 2	No.	% of Col. 2			
1959 and later	39	39	100.00	—	—	1	3	4
1958	356	354	99.44	2	.56	7	38	45
1957	566	560	98.94	6	1.06	13	89	95
1956	68	67	98.53	1	1.47	9	11	20
1955	—	—	—	—	—	—	—	—
1954	—	—	—	—	—	—	—	—
1953	27	27	100.00	—	—	—	2	2
1952	246	243	98.78	3	1.22	11	30	39
1951	575	569	98.96	6	1.04	54	115	155
1950	243	241	99.18	2	.82	23	47	68
1949	467	464	99.36	3	.64	51	92	127
1948 and earlier	952	946	99.37	6	.63	104	156	241
TOTAL ...	3,539	3,510	99.18	29	.82	273	583	796

TABLE B—OTHER INSPECTIONS.

Number of Special Inspections	...	...	1,992
Number of Re-inspections	...	...	350
			<hr/>
Total	...	...	2,342

TABLE C—INFESTATION WITH VERMIN.

(i)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	19,309
(ii)	Total number of individual pupils found to be infested	...		497
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)			66
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)			13

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

Defect or Disease				PERIODIC INSPECTIONS			
				Entrants	Leavers	Others	Total
Skin	*T	2	52	36	90		
	*O	12	7	6	25		
Eyes— <i>a.</i> Vision	T	30	155	88	273		
	O	56	21	20	97		
<i>b.</i> Squint	T	11	11	8	30		
	O	3	3	4	10		
<i>c.</i> Other	T	3	4	2	9		
	O	—	2	—	2		
Ears— <i>a.</i> Hearing	T	6	9	3	18		
	O	57	27	17	101		
<i>b.</i> Otitis Media	T	2	4	—	6		
	O	55	5	3	63		
<i>c.</i> Other	T	2	5	1	8		
	O	4	2	1	7		
Nose and Throat	T	14	10	4	28		
	O	65	10	11	86		
Speech	T	7	1	—	8		
	O	5	4	2	11		
Lymphatic Glands	T	2	2	—	4		
	O	48	7	3	58		
Heart	T	—	—	—	—		
	O	2	8	4	14		
Lungs	T	1	—	6	7		
	O	18	8	9	35		
Developmental— <i>a.</i> Hernia	T	1	1	2	4		
	O	5	3	—	8		
<i>b.</i> Other	T	5	6	26	37		
	O	21	8	21	50		
Orthopaedic— <i>a.</i> Posture	T	19	94	46	159		
	O	8	13	5	26		
<i>b.</i> Feet	T	61	76	47	184		
	O	11	18	4	33		
<i>c.</i> Other	T	17	39	17	73		
	O	4	7	8	19		
Nervous System— <i>a.</i> Epilepsy	T	—	7	—	7		
	O	4	—	1	5		
<i>b.</i> Other	T	—	3	2	5		
	O	7	—	4	11		
Psychological— <i>a.</i> Development	T	1	—	—	1		
	O	6	5	5	16		
<i>b.</i> Stability	T	—	—	—	—		
	O	7	5	6	18		
Abdomen	T	1	—	—	1		
	O	3	2	1	6		
Other	T	1	—	4	5		
	O	10	8	13	31		

*T Pupils requiring treatment

*O Pupils requiring observation

TABLE B.—SPECIAL INSPECTIONS.

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin	83	3
Eyes— <i>a.</i> Vision	87	39
<i>b.</i> Squint	15	9
<i>c.</i> Other	—	2
Ears— <i>a.</i> Hearing	36	87
<i>b.</i> Otitis Media	2	30
<i>c.</i> Other	11	15
Nose and Throat	22	60
Speech	14	17
Lymphatic Glands	5	33
Heart	—	15
Lungs	10	38
Developmental—		
<i>a.</i> Hernia	8	11
<i>b.</i> Other	16	16
Orthopaedic—		
<i>a.</i> Posture	98	13
<i>b.</i> Feet	157	40
<i>c.</i> Other	59	12
Nervous System—		
<i>a.</i> Epilepsy	7	4
<i>b.</i> Other	3	3
Psychological—		
<i>a.</i> Development	10	5
<i>b.</i> Stability	6	15
Abdomen	2	7
Other	8	26

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.TABLE A.—EYE DISEASES, DEFECTIVE VISION AND
SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	7
Errors of refraction (including squint) ..	686
Total	693
Number of pupils for whom spectacles were prescribed	310

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ..	6
(b) for adenoids and chronic tonsillitis	105
(c) for other nose and throat conditions	12
Received other forms of treatment ..	4
Total	127
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1963	16
(b) in previous years	38

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) pupils treated at clinics or out-patients departments	57
(b) pupils treated at school for postural defects	846
Total ..	903

TABLE D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated
Ringworm (a) Scalp	—
(b) Body	—
Scabies	—
Impetigo	4
Other Skin Diseases	18
Total ..	22

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	52

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by speech therapists ..	—

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	48
(b) Pupils who received convalescent treatment under School Health Service arrangements	7
(c) Pupils who received B.C.G. vaccination	1,279
(d) Other than (a), (b) and (c) above.	
(i) Audiometric examinations 5 year old sweep	1,270
(ii) Audiometric centre special examination	43
(iii) Ultra violet light therapy ..	68
(iv) Pupils who attended Chiropody Clinic	194
(v) Pupils who received treatment for enuresis	18
Total ..	2,927

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(a) Dental and Orthodontic work :

1. Number of pupils inspected by the Authority's Dental Officers :—

(a) At Periodic Inspections	2,554	
(b) As Specials	625	3,179

2. Number found to require treatment 2,167

3. Number offered treatment 1,917

4. Number actually treated 1,890

(b) Dental work (other than orthodontics) :

1. Number of attendances made by pupils for treatment, excluding those recorded at (c) (a) below 4,274

2. Half days devoted to :—

(a) Periodic (School) Inspections	13	
(b) Treatment	685	698

3. Fillings :—

(a) Permanent Teeth	2,697	
(b) Temporary Teeth	301	2,998

4. Number of Teeth Filled :—

(a) Permanent Teeth	2,667	
(b) Temporary Teeth	301	2,968

5. Extractions :—

(a) Permanent Teeth	517	
(b) Temporary Teeth	1,419	1,936

6.	(a)	Number of general anaesthetics given for extractions	746
	(b)	Number of half days devoted to the administration of general anaesthetics by :—	
	(i)	Dentists	13
	(ii)	Medical Practitioners	45
			<hr/> 58

7.	Number of pupils supplied with artificial teeth	20
----	---	----

8. Other operations :—

(a)	Crowns	2
(b)	Inlays	—
(c)	Other Treatment	331
		<hr/> 333

(c) Orthodontics :

(a)	Number of attendances made by pupils for orthodontic treatment	284
(b)	Half days devoted to orthodontic treatment	Nil
(c)	Cases commenced during the year	32
(d)	Cases brought forward from the previous year	24
(e)	Cases completed during the year	34
(f)	Cases discontinued during the year	6
(g)	Number of pupils treated by means of appliances	8
(h)	Number of removable appliances fitted	8
(i)	Number of fixed appliances fitted	Nil
(j)	Cases referred to and treated by Hospital Orthodontists	10

HANDICAPPED CHILDREN'S TABLE

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5)
OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

During the calendar year ended 31st December, 1963	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handi- capped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
A. Handicapped Pupils newly assessed as needing special educational treatment at special schools or in boarding homes	—	—	—	—	4	8	6	13	2	—	33
B. (i) Number of children included in A who were newly placed in special schools (other than hospital special schools) or boarding homes	—	—	—	—	4	8	6	5	2	—	25
(ii) Number of children assessed prior to to 1st January, 1963, who were newly placed in special schools (other than hospital special schools) or boarding homes	—	—	—	1	—	1	—	3	1	—	6
Total B (i) and B (ii) ...	—	—	—	1	4	9	6	8	3	—	31

On 23rd January, 1964, number of handicapped pupils from the Authority's area :—		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. (i) who were requiring places in special schools—		—	—	—	—	—	—	—	—	—	—	—
	(a) day ...	—	—	—	—	—	—	—	32	—	—	32
	(b) boarding ...	—	—	—	—	—	—	3	11	—	—	14
(ii) including at (i) who had not reached the age of 5 and were awaiting—		—	—	—	—	—	—	—	—	—	—	—
	(a) day places ...	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places ...	—	—	—	—	—	—	—	—	—	—	—
(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, and were awaiting—		—	—	—	—	—	—	—	—	—	—	—
	(a) day places ...	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places ...	—	—	—	—	—	—	—	2	—	—	2
D. (i) who were on the registers of		—	—	—	—	—	—	—	—	—	—	—
	(1) maintained special schools as—	—	1	—	4	13	28	8	19	4	1	78
	(a) day pupils ...	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding pupils ...	—	3	—	1	1	—	1	13	—	—	19
	(2) non-maintained special schools as—	—	—	—	—	—	—	—	—	—	—	—
	(a) day pupils ...	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding pupils ...	1	—	4	1	2	—	2	5	1	—	16
Total ...		1	4	4	6	16	28	11	37	5	1	113

